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CONFIRMATION NO. 2130

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/780,447	02/13/2004	552	1623	MBHB02-312-G (600.041)		
RULE						
APPLICANTS Chandra Vargeese, Broomfield, CO; Peter Haerberli, Berthoud, CO; Weimin Wang, Superior, CO; Tongqian Chen, Longmont, CO;						
** CONTINUING DATA ***** This application is a CIP of 10/427,160 04/30/2003 which is a CIP of PCT/US02/15876 05/17/2002 * which claims benefit of 60/292,217 05/18/2001 and claims benefit of 60/306,883 07/20/2001 and claims benefit of 60/311,865 08/13/2001 and claims benefit of 60/362,016 03/06/2002 and said 10/427,160 04/30/2003 is a CIP of PCT/US03/05346 02/20/2003 which claims benefit of 60/358,580 02/20/2002 and claims benefit of 60/363,124 03/11/2002 and claims benefit of 60/386,782 06/06/2002 and claims benefit of 60/406,784 08/29/2002 and claims benefit of 60/408,378 09/05/2002 and claims benefit of 60/409,293 09/09/2002 and claims benefit of 60/440,129 01/15/2003 (*)Data provided by applicant is not consistent with PTO records.						
** FOREIGN APPLICATIONS ***** UNITED STATES OF AMERICA PCT/US03/05346 02/20/2003 UNITED STATES OF AMERICA PCT/US03/05028 02/20/2003						
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ** 04/13/2004						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No /ERIC OLSON/ Examiner's Signature	<input type="checkbox"/> Met after Allowance ESO Initials	STATE OR COUNTRY CO	SHEETS DRAWINGS 51	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 5
ADDRESS MCDONNELL, BOEHNEN, HULBERT AND BERGHOFF, LLP 300 SOUTH WACKER DRIVE SUITE 3100 CHICAGO, IL 60606 UNITED STATES						
TITLE Conjugates and compositions for cellular delivery						
			<input type="checkbox"/> All Fees			

FILING FEE RECEIVED 545	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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